

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4688</u>	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name STEPHEN T WOODS P.O. Box, Bldg., Room No., if any Street 2350 CLARK AVE City MARION State Iowa ZIP Code +4 52302	4. Name, file number, and address of labor organization. Name IBEW LOCAL 1362 Labor Organization File Number 020-760 P.O. Box, Building and Room Number, if any Street 370 BLAIRS FERRY RD NE City CEDAR RAPIDS State Iowa ZIP Code +4 52402
5. Position in labor organization. ASSISTANT BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name ROCKWELL COLLINS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 400 COLLINS RD NE City CEDAR RAPIDS State Iowa ZIP Code +4 52498	7.a. Nature of Interest, Transaction, or Income. SEE ATTACHED 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>02/27/2006</u> Date	<u>319-295-4444</u> Telephone Number

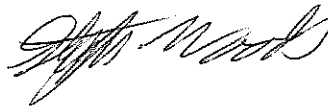
STEPHEN T. WOODS

ATTACHMENT – PART A

7a. Cellular Phone \$480 annually
Healthcare Premiums \$1080 annually

Business Meals
7/12 & 7/13/05 \$50

Total - \$1610

A handwritten signature in cursive script, appearing to read "Stephen T. Woods", is written in dark ink.